

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90110 038 \*\*\*558.75

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**DOCUMENT # P98000080460**

**1. Entity Name**  
**WELTEN CUSTOM HOMES AND RENOVATIONS, INC.**



**Principal Place of Business**  
**2005 SW DRIFTWOOD ST**  
**PORT ST LUCIE FL 34953**

**Mailing Address**  
**2005 SW DRIFTWOOD ST**  
**PORT ST LUCIE FL 34953**



**2. Principal Place of Business**

**3. Mailing Address**

**319 N.W. PRIAR ST**

**319 N.W. PRIAR ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**

**PORT ST LUCIE FLA**

**City & State**

**PORT ST LUCIE FLA**

**4. FEI Number**

**65-0870085**

**Applied For**

**Not Applicable**

**Zip**

**34983**

**Country**

**USA**

**Zip**

**34983**

**Country**

**USA**

**5. Certificate of Status Desired**

**A**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WELTEN, DENNIS H**  
**2005 SW DRIFTWOOD ST**  
**PORT ST LUCIE FL 34954**

**7. Name and Address of New Registered Agent**

**Name**

**DENNIS WELTEN**

**Street Address (P.O. Box Number is Not Acceptable)**

**319 N.W. PRIAR ST**

**City**

**PORT ST LUCIE**

**FL**

**Zip Code**

**34983**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*[Signature]*

*[Signature]*

*4/12/03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution**

☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PTD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>WELTEN, DENNIS H</b>	
<b>STREET ADDRESS</b>	<b>2005 SW DRIFTWOOD ST</b>	
<b>CITY-ST-ZIP</b>	<b>PORT ST LUCIE FL 34953</b>	
<b>TITLE</b>	<b>VPS</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>WELTEN, TAMMY</b>	
<b>STREET ADDRESS</b>	<b>2005 SW DRIFTWOOD ST</b>	
<b>CITY-ST-ZIP</b>	<b>PORT ST LUCIE FL 34953</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>VPS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Dennis Welten</b>	
<b>STREET ADDRESS</b>	<b>319 N.W. Friar St.</b>	
<b>CITY-ST-ZIP</b>	<b>Port St. Lucie, FL 34983</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/12/03*

DATE

*772-873-4667*

Daytime Phone #

CR2E034 (10/02)